

receiving a comment made with regard to the consultation via the telecommunications system from the second physician; and

providing the comment to a medical information specialist in the intermediary who is neither the first nor the second physician, the medical information specialist indicating continuing medical education credit for the first physician based at least on the comment in a database accessible from the intermediary.

As set forth in the preamble, Applicants' claim 1 is directed to "a method of providing continuing medical education credit". As further set forth in the preamble, the "continuing medical education credit" is provided under very particular circumstances: it is provided "to a first physician who has been engaged in consultation with a second physician via an intermediary". Finally, the steps are "performed in the intermediary".

The environment set up by the preamble is referred to repeatedly in the steps of the method, and thus must be taken into account in interpreting the claim. Thus, the "comment" of the first method step is "made with regard to the consultation" and "received via the telecommunications system from the second physician". Further, in the second step, the comment is provided "to a medical information specialist in the intermediary" and the medical information specialist "indicat[es] continuing medical education credit for the first physician based at least on the comment in a database accessible from the intermediary".

What the references disclose

A continuing problem with the application of computers and communications systems to various problems has been systems that are designed to "do everything" but in fact end up not being able to do anything useful. McAndrew and Abrahamson are both examples of such "do everything systems", one in the area of health care management and the other in the area of classroom teaching. Applicants' claims, by contrast, address a much more modest problem, namely permitting a medical doctor whose interaction with a consulting physician has been mediated by Applicant's system to count the interaction towards the medical doctor's continuing medical education requirement.

The disclosure of McAndrew

McAndrew's disclosure is well summarized by his *Abstract*:

A problem solving expert system is provided which is particularly useful in managing the health care of individual patients. A description of a problem (e.g., medical condition) and a proposed solution therefor (e.g., medical procedure) is entered via a user interface. A topical library is searched to identify information relevant to the problem and proposed solution. Access to the identified information is available in either a full text or synopsis format, to assist a user in assessing the appropriateness of the proposed solution. An inference engine provides a recommendation to the user as to the appropriateness of the proposed solution based on information entered via the user interface and rules associated with the inference engine. A user can interact with the inference engine in either a structured or guided mode. The structured mode is directed to inexperienced users and dynamically generates questions in response to previous answers provided by the user to enable the inference engine to make its recommendation. The guided mode is directed to experienced users and provides a predefined questionnaire enabling the user to decide which questions to answer in order to obtain a recommendation.

McAndrew's "problem solving expert system" is "particularly useful in managing the health care of individual patients". What the problem solving expert system does is provide users with recommendations concerning patient treatment. The only involvement of human beings other than the user takes place as set forth at col. 8, lines 27-38:

The inference engine can also provide an explanation of the logic it used to make a particular recommendation and/or to suggest alternatives to a proposed solution. This is particularly helpful in the event that a recommendation was made by the system or the user to refer the case to a more experienced reviewer, such as a physician, to make a final decision as to whether the proposed treatment should be certified or not. By having an explanation as to why the case was referred, the reviewer will be able to more quickly focus on the relevant issues that must be addressed to arrive at a final decision.

There is no suggestion in McAndrew either of McAndrew's system mediating the interaction between a physician and a consulting physician or of any arrangements for providing users of the system with continuing medical education credit.

The disclosure of Abrahamson

Examiner understands that McAndrew discloses nothing whatever about any kind of education, and for that reason, he combines McAndrew with Abrahamson. Abrahamson's disclosure is also well summarized by his *Abstract*: